

भारत



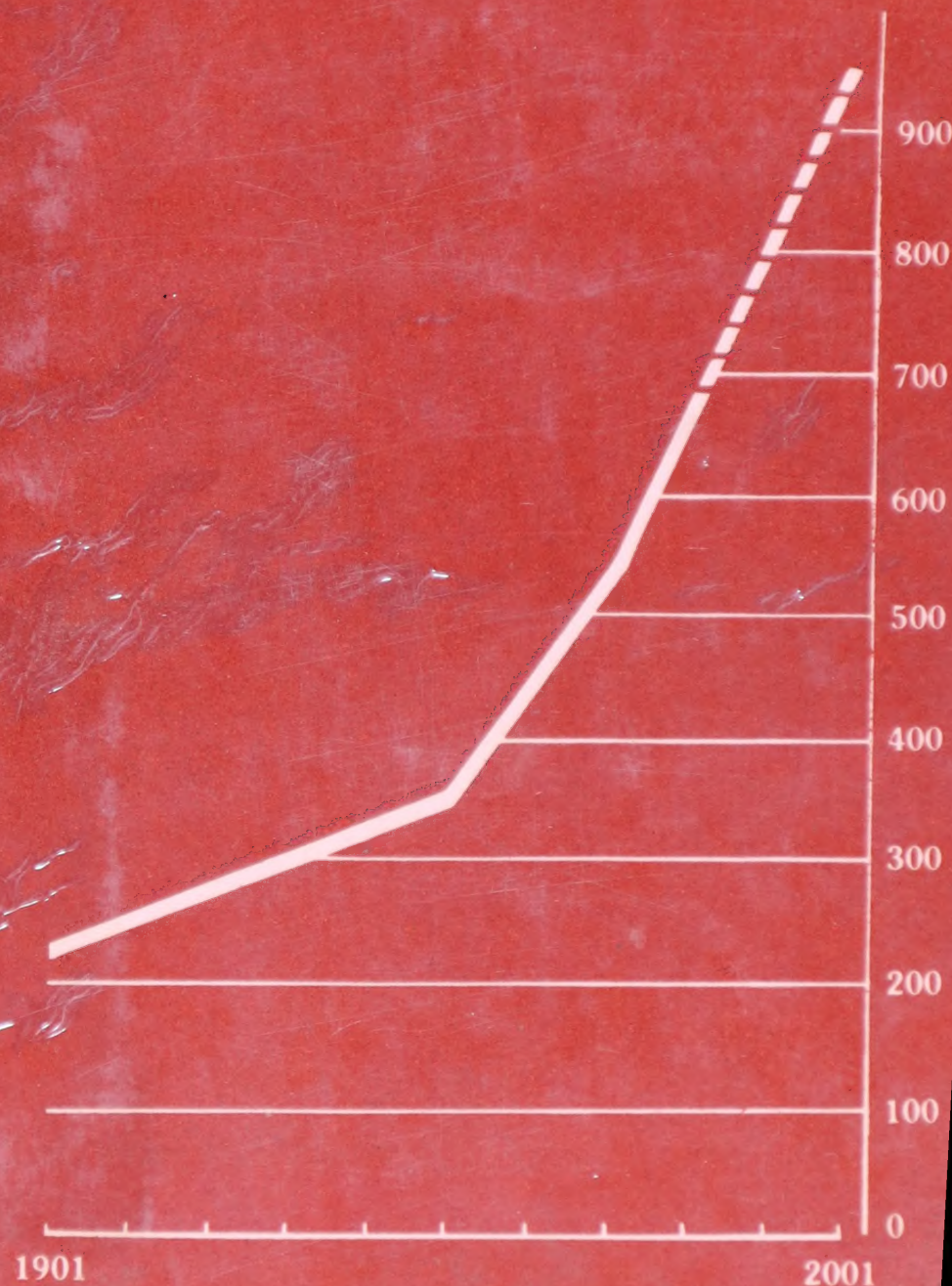
INDIA

# POPULATION AND DEVELOPMENT

INTERNATIONAL CONFERENCE  
ON POPULATION

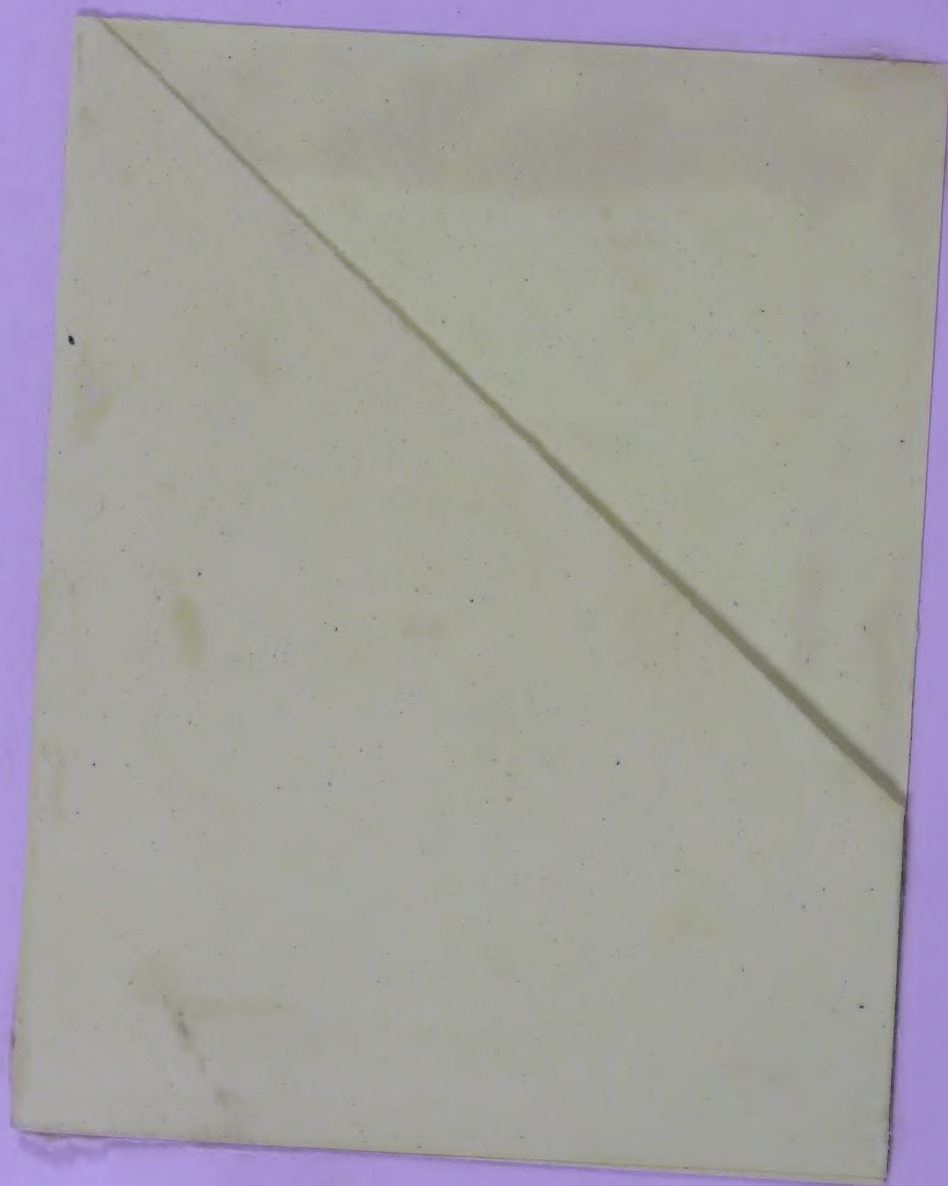
Mexico City

August 1984





988  
988





INDIA

# **POPULATION AND DEVELOPMENT**

**INTERNATIONAL CONFERENCE ON POPULATION**

**Mexico City**

**AUGUST 1984**

**Government of India  
Ministry of Health and Family Welfare  
New Delhi  
1984**



POPULATION  
AND  
DEVELOPMENT

DEM-130  
988

COMMUNITY HEALTH CELL  
47/1. (First Floor) St. Marks Road,  
Bangalore - 560 001.

INTERNATIONAL CONFERENCE ON POPULATION  
Mexico City  
AUGUST 1984

Ministry of Health and Family Welfare  
Government of India  
New Delhi  
1984



## CONTENTS

Percentage decadal variation of population and sex ratio .....	6
Vital Rates .....	8
Expectation of life at birth .....	10
Percentage of child population and age at marriage .....	12
Age specific fertility rates .....	14
Distribution of live births by birth order .....	16
Growth of national income and per capita income .....	18
Agricultural Production .....	20
Rural Electrification .....	22
Employment: Public and Private Sectors .....	24
Progress of Literacy .....	26
Elementary Education — progress of enrolment .....	28

Trends in Urbanisation .....	30
Health Infra-structure .....	32
Health Man-power .....	34
Family Planning acceptors by method .....	36
Percentage of couples protected .....	38
Births Averted .....	40
Percentage of acceptors aged below 30 years .....	42
Mother and Child Health Services .....	44



## Percentage Decadal Variation of Population

### and Sex Ratio

The decade 1911-21 did not witness any growth in population. High mortality, reaching high fertility. Since 1921, the population has grown at a rapid rate. This is due to the decline of infant mortality, which is about 1/10th of the rate in 1911. This is a part of the social and economic development. During the decade 1971-81, the population growth rate has been 1.5%.

The sex ratio has generally been adverse to females. Till 1971, the sex ratio was 940 males to 1000 females. In 1981, the ratio was 927 males to 1000 females. This is due to the high mortality of female infants.

**Progress  
over  
the years**

**in graphs and charts**

## **Percentage Decadal Variation of Population and Sex Ratio**

THE decade 1911-21 did not witness any growth in population: high mortality matching high fertility. Since 1951, the decadal population growth rate has registered a sharp rise mainly on account of a steep decline in mortality brought about by effective public health measures as a part of the social and economic development. During the decade 1971-81, the population growth rate has, more or less, plateaued.

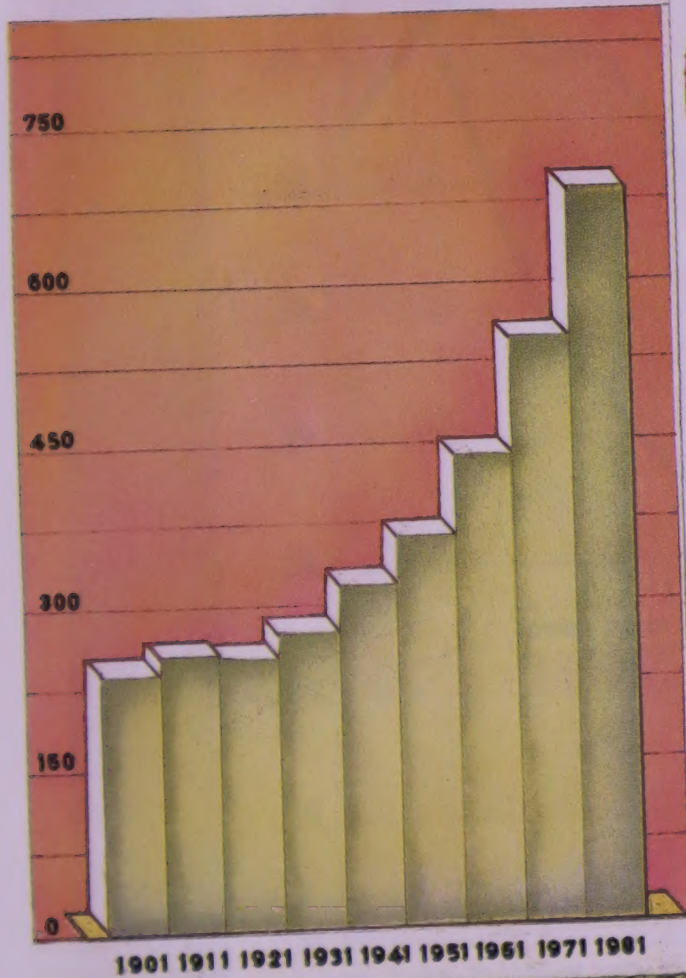
The sex ratio has generally been adverse to females. Till 1971 it declined gradually. In 1981 this trend was reversed and there was a slight increase in the female-male ratio.



# DEMOGRAPHIC INDICATORS

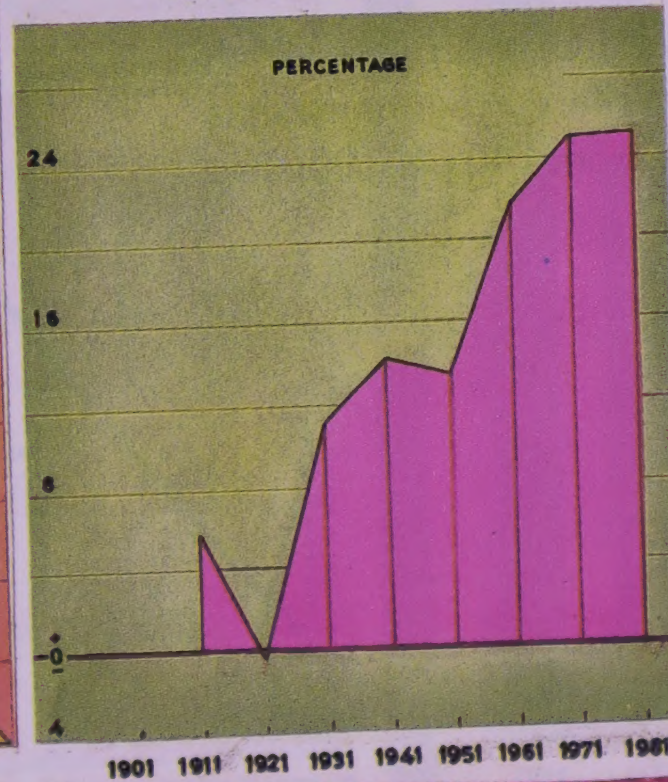
## POPULATION

(IN MILLIONS)



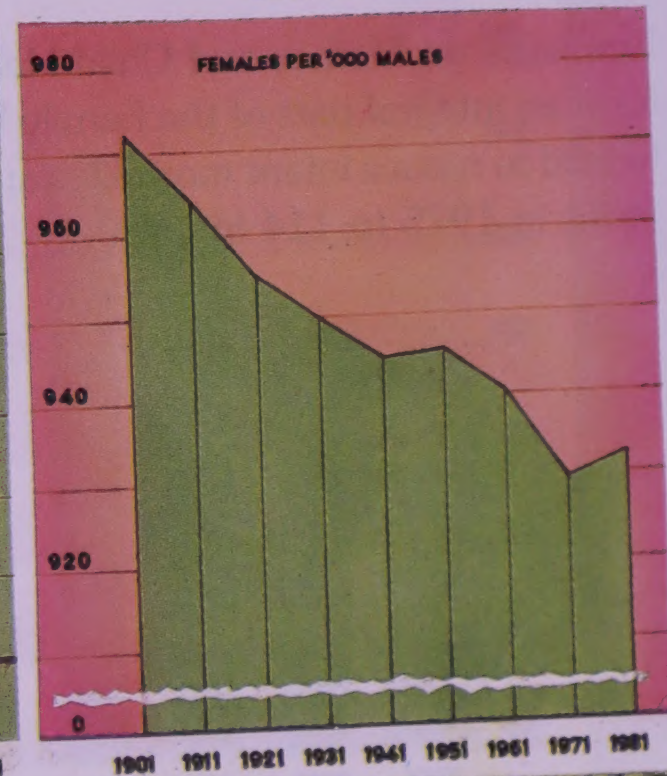
## DECADAL VARIATION

PERCENTAGE



## SEX RATIO

FEMALES PER '000 MALES





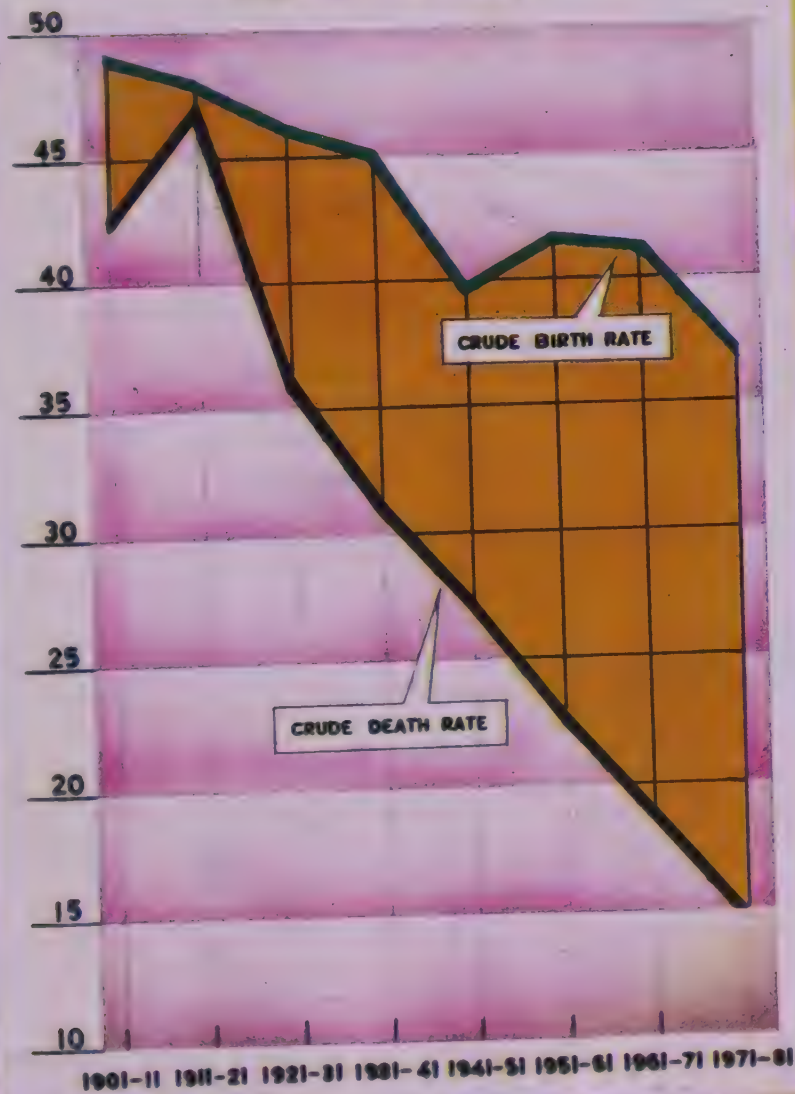
## Vital Rates

THE birth rate declined significantly and reached a level of around 33 per 1000 population during 1982. This is mainly on account of the increasing use of contraceptive practices, as a result of an effective but voluntary Family Planning Programme. The decline in the mortality rate has been relatively faster.

Emphasis on Mother and Child Health Care services which form an integral part of the Family Welfare Programme, has helped to reduce infant mortality rate from 140 per 1000 live births in 1975 to 114 in 1980.



**BIRTH AND DEATH RATES**  
(PER '000 POPULATION)



# **VITAL RATES**

**INFANT MORTALITY RATE**  
(PER '000)



## **Expectation of Life at Birth**

THE expectation of life at birth is a major index of the health of the people. As a result of the expansion of health services and general improvement in the living standards of the people, the expectancy of life at birth has been steadily increasing; it is projected to over 56 years in 1984.

Before 1971 the life expectancy for males was higher, but during the decade 1971-81 the life expectancy for females rose much faster, and presently exceeds the life expectancy for males.



# EXPECTATION OF LIFE AT BIRTH

YEARS



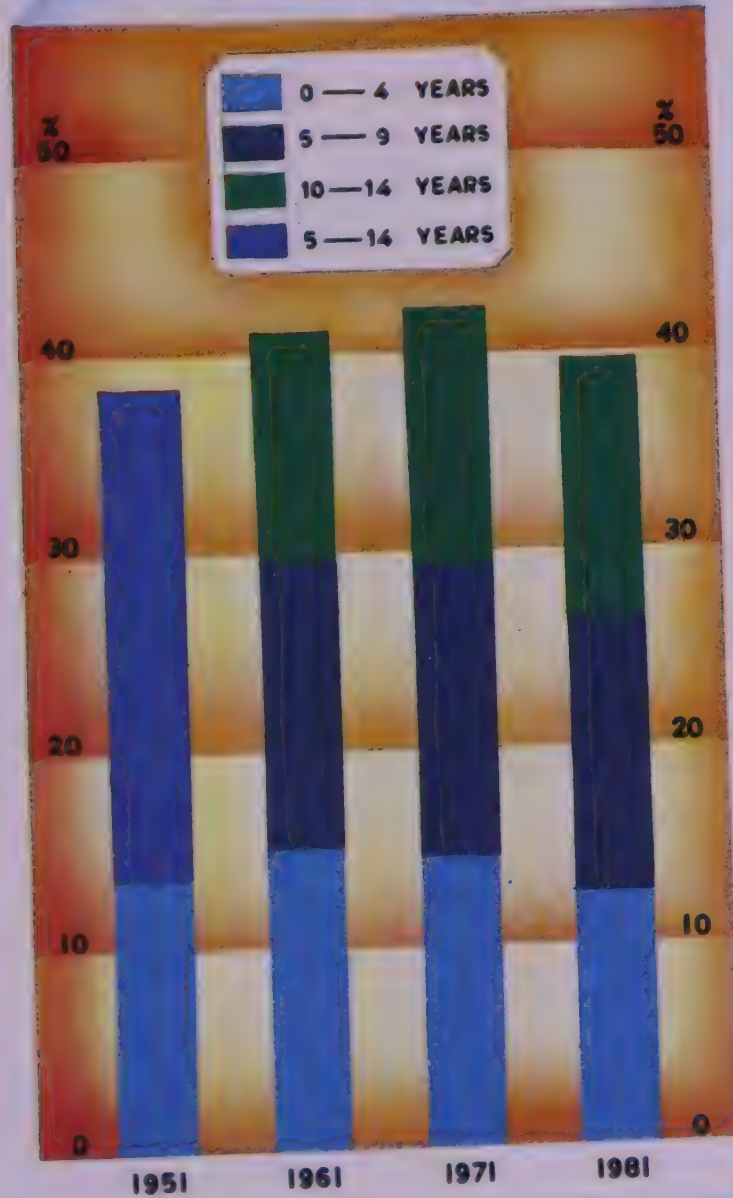
## **Percentage of Child Population and Age at Marriage**

CHILD population below 15 years age which formed 42 per cent of total population in 1971 declined to 39.6 per cent in 1981. The decade 1971-81 has also witnessed a decline in percentage of children aged 0-4 years. This is an evidence of the fertility decline.

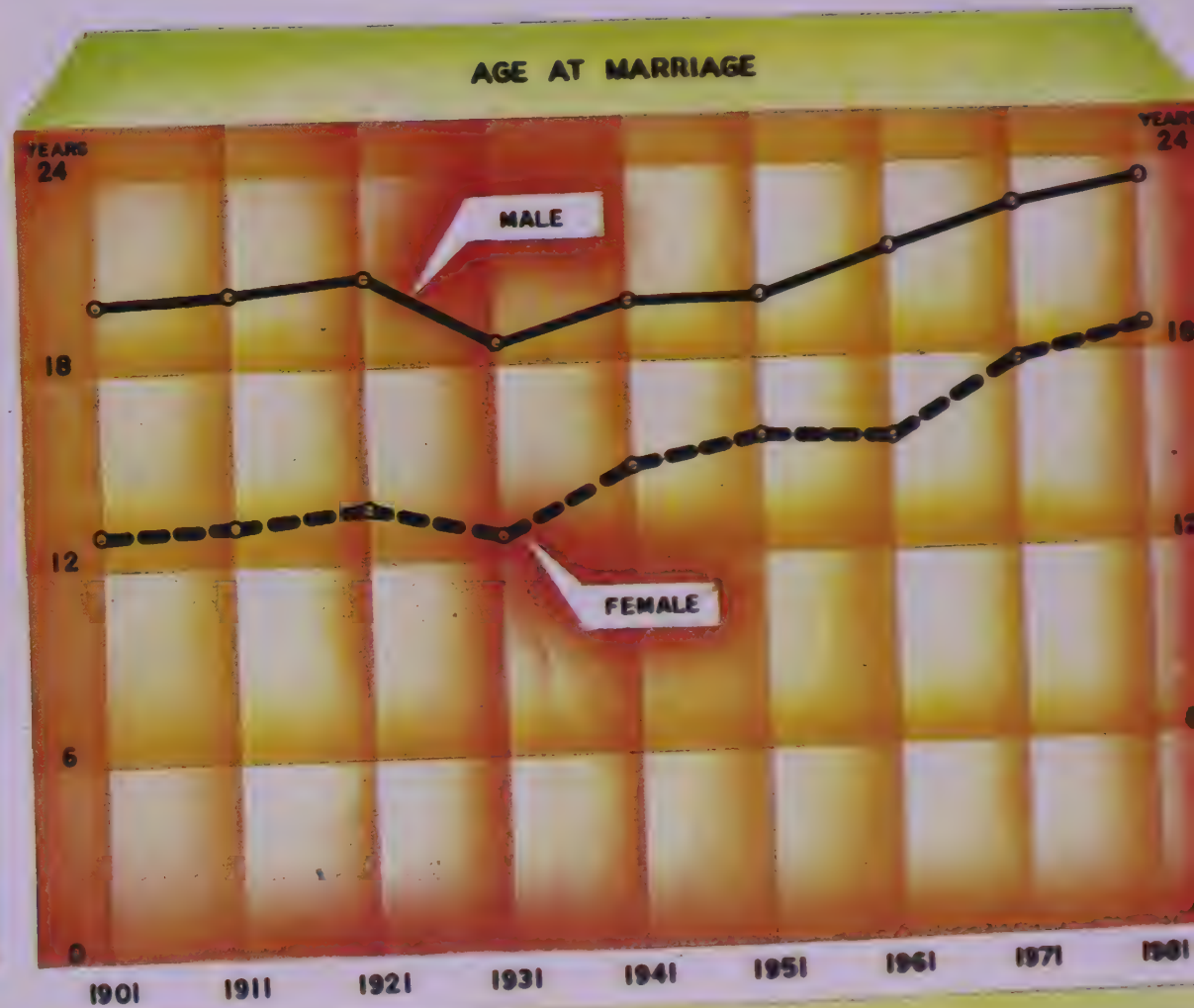
The mean age at marriage has been slowly increasing. In 1981, the mean age at marriage of females exceeded 18 years. This also augurs well for fertility decline.



AGE GROUPS OF CHILDREN



AGE DISTRIBUTION OF CHILDREN  
AND AGE AT MARRIAGE

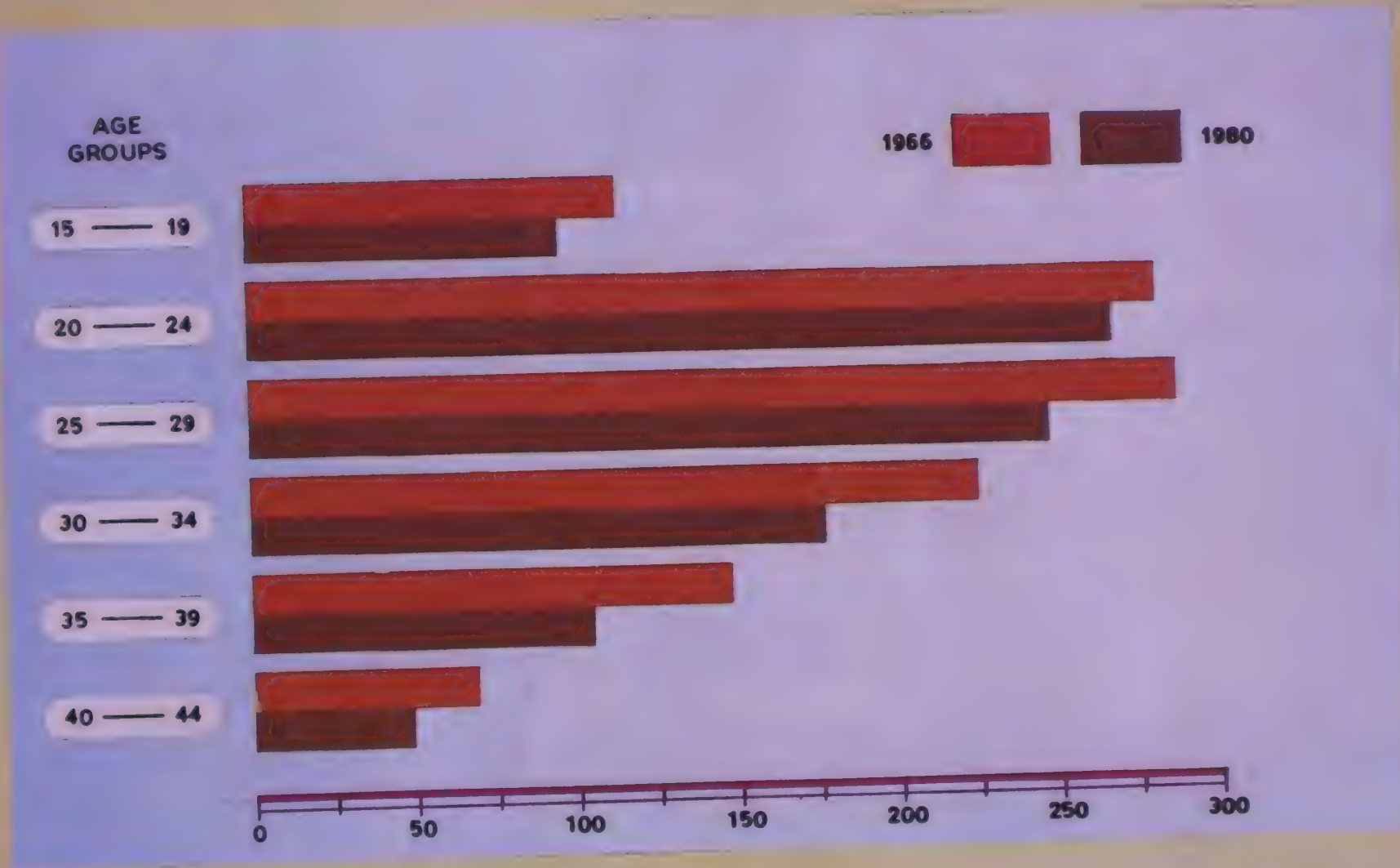


## **Age Specific Fertility Rates**

FERTILITY rates among women of all age groups have declined. The decline in the younger age groups could be attributed to rise in the age of marriage in addition to the increasing use of contraception. Average family size (total fertility rate) has declined by 16 percent from 5.6 children in 1966 to 4.7 in 1980.



# AGE-SPECIFIC FERTILITY RATES



## **Distribution of Live Births by Birth Order**

ONE of the major indices of declining fertility is the decline in the proportion of higher order births. The impact of the Family Planning Programme can be seen from the fact that the proportion of births of the order 4 and above has declined significantly both in urban and rural areas during 1972-1978; from 47% to 38% in rural areas and from 44% to 33% in urban areas.



# DISTRIBUTION OF LIVE BIRTHS BY ORDER OF BIRTH

RURAL

1972 1978  
1972 1978

ORDER OF BIRTH

URBAN



PERCENTAGE



6 OR MORE



PERCENTAGE

## **Growth of National Income and Per Capita Income**

IN the last 32 years Indian economy has expanded by 226 per cent. Gross National Product at constant (1970-71) prices increased from Rs. 184 billion in 1950-51 to Rs. 598 billion in 1982-83. Population doubled during this period. The gains of development were greatly eroded by fast growing population and as a result, the increase in per capita income during the same period was only of the order of about 65 per cent.



# GROWTH OF NATIONAL INCOME AND PER CAPITA INCOME (1970-71 PRICES)

GROSS NATIONAL PRODUCT AT MARKET PRICES  
(RUPEES BILLIONS)



PER CAPITA GROSS NATIONAL PRODUCT AT MARKET PRICES  
(RUPEES)



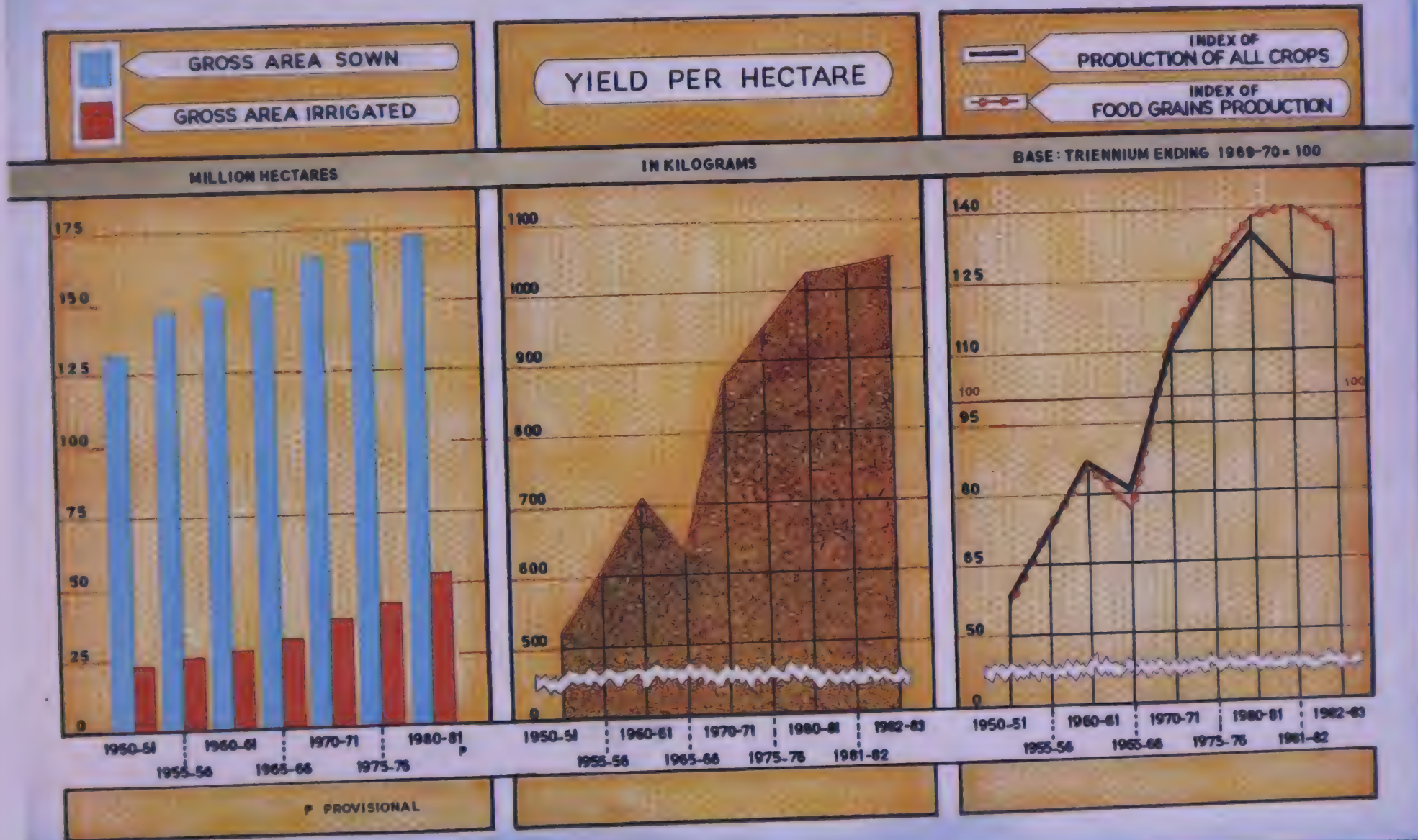
\* QUICK ESTIMATES

## **Agricultural Production**

FOOD-GRAINS production in India has recorded a three-fold increase since 1950 and the country has achieved self-sufficiency in food. Increase in Agricultural production has been achieved mainly as a result of expansion in irrigated area and modernisation of agriculture including increasing use of improved variety of seeds, chemical fertilisers, pesticides and mechanisation.



# AGRICULTURAL PRODUCTION



DEM-130

988

COMMUNITY HEALTH CELL  
47/1, (First Floor) St. Marks Road,  
Bangalore - 560 001.

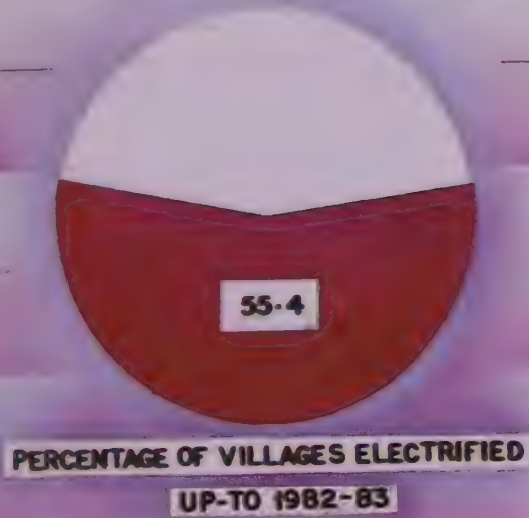
## **Rural Electrification**

ELECTRIFICATION of rural areas is a part of modernisation process. Only 0.6 per cent villages were electrified in March 1951:

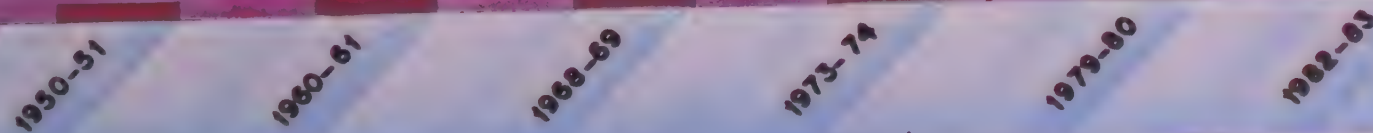
320,000 villages or over 55 per cent of all villages had been electrified by 31st March, 1983.



# RURAL ELECTRIFICATION



TOTAL NUMBER OF VILLAGES  
576 THOUSANDS

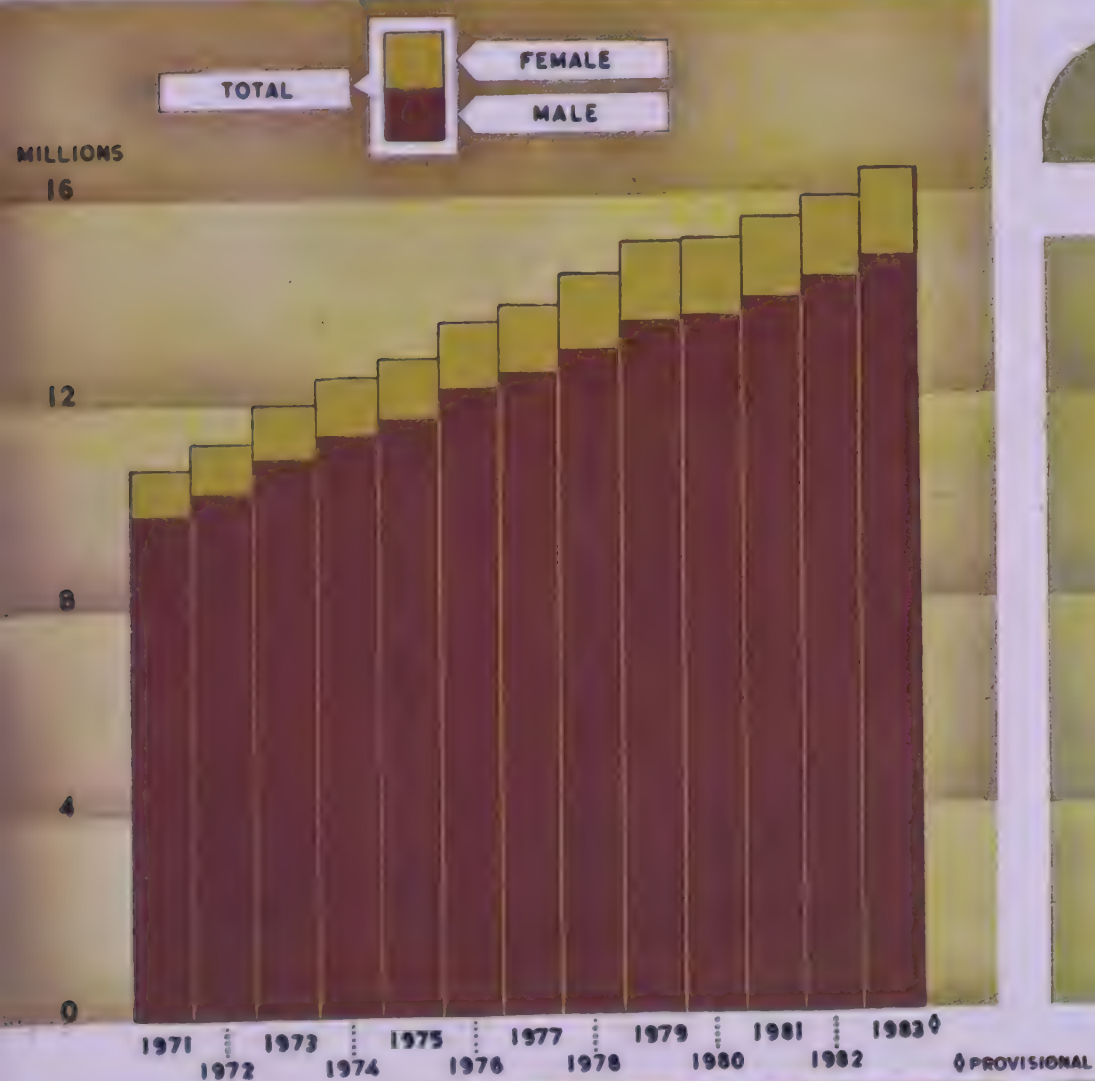


## **Employment: Public and Private Sectors**

EXPANDING employment opportunities is an important objective of India's development plans. In a country with India's capital base large scale employment creation is possible in areas where capital needs are low: agriculture sector self-employment schemes, programmes of creating community assets through manual labour, etc. However, with the process of modernisation, employment opportunities both in the public and private organised sectors have also recorded a fairly rapid increase.



## PUBLIC SECTOR

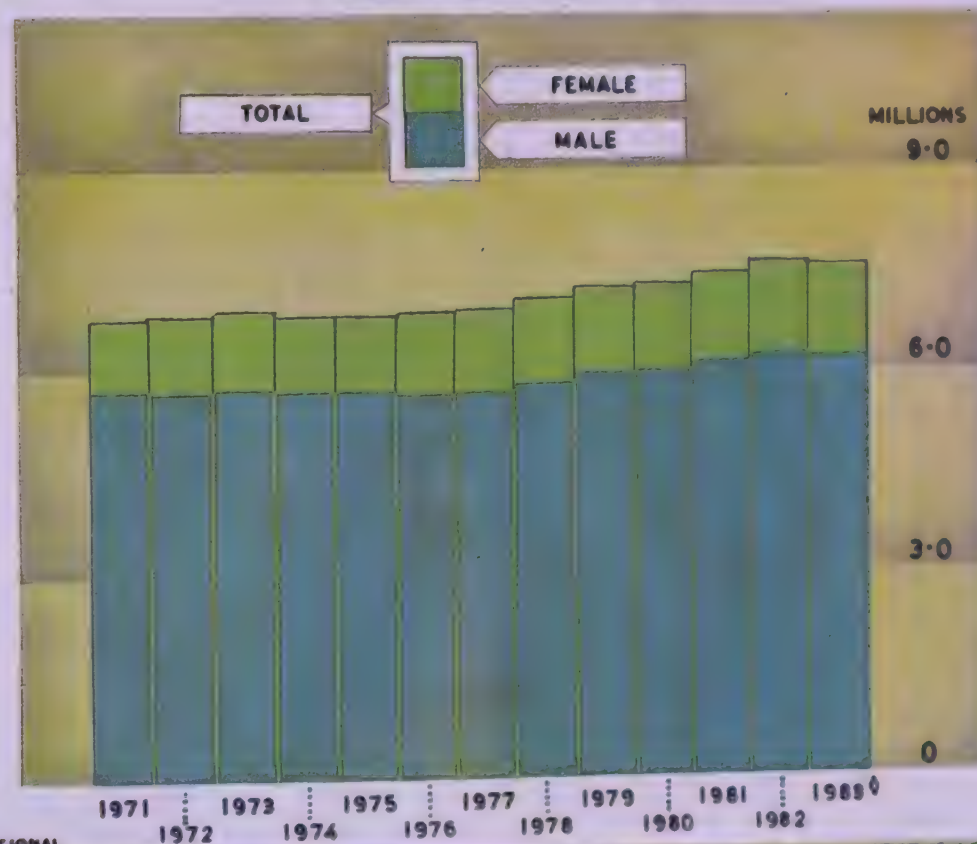


## EMPLOYMENT

### PUBLIC & PRIVATE SECTORS (ORGANISED)

(At the end of March)

## PRIVATE SECTOR



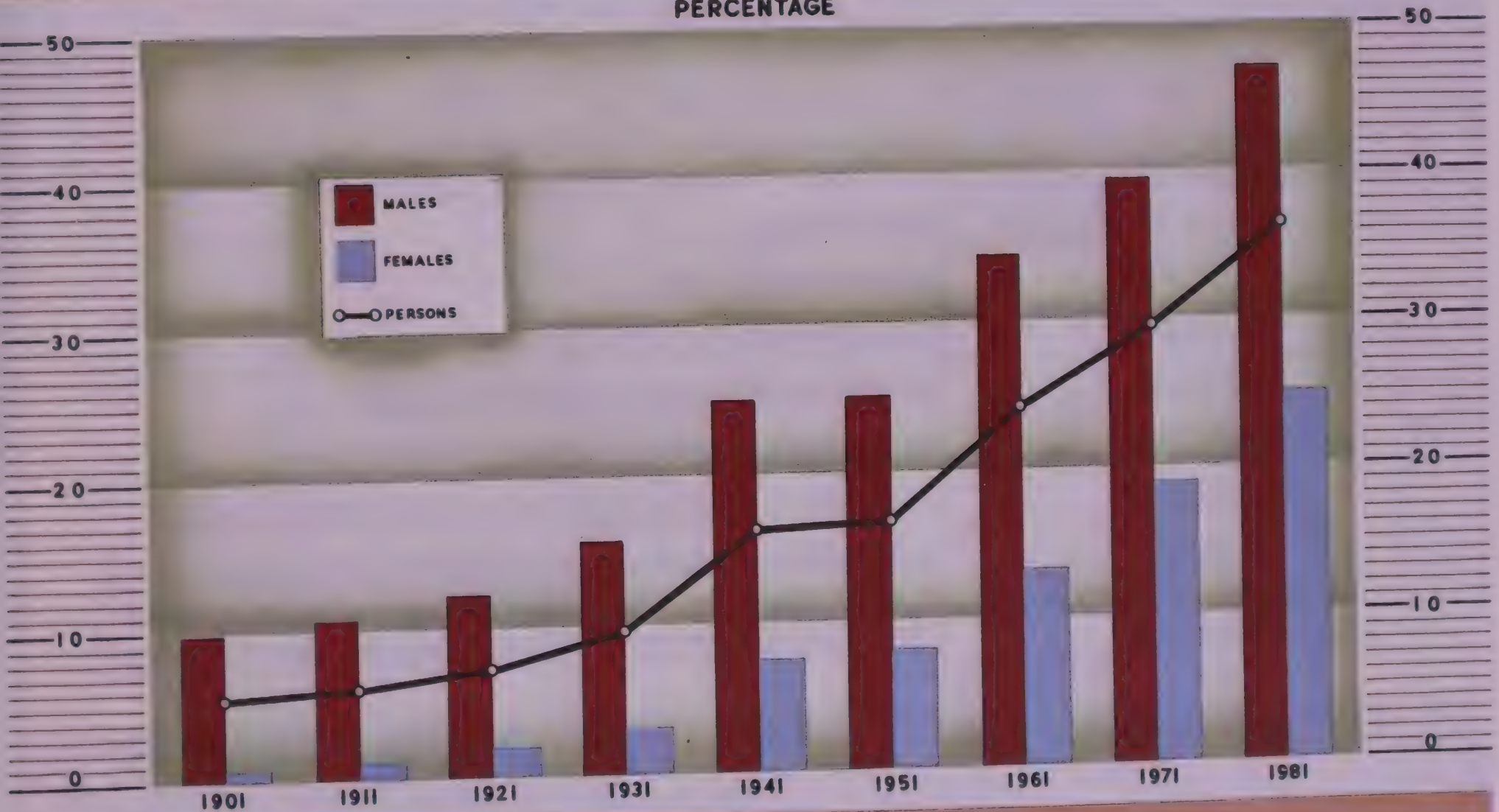
## **Progress of Literacy**

LITERACY, especially for females, was very low at the beginning of the century. Since then, it has been rising steadily. In 1981 literacy reached a level of 36 per cent for the population — 47 per cent for males and 25 per cent for females. More and more emphasis is being given on increasing female literacy in India.



# PROGRESS OF LITERACY

PERCENTAGE



## **Elementary Education – Progress of Enrolment**

SCHOOL enrolment at the elementary stage (primary and middle levels) has grown steadily since 1951, both for boys and girls. The enrolment has increased from 19 million at the primary level to 77 million in March, 1983, and at the middle level from 3 million to 22 million. The growth in enrolment of girls was higher, about twice as high as that for boys, both at the primary and at the middle levels.



# ELEMENTARY EDUCATION

## PRIMARY LEVEL

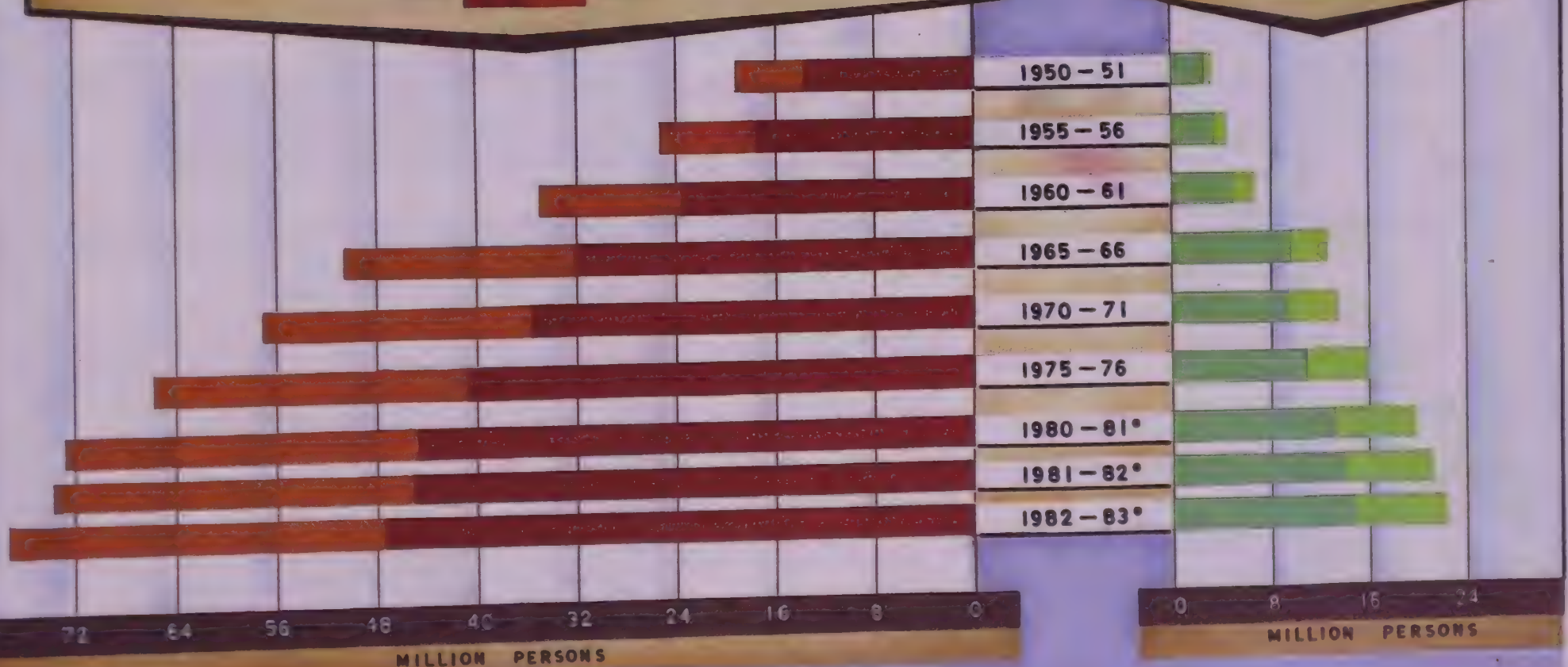
CLASS I—V  
AGE: 6—11 YEARS

BOYS GIRLS

## MIDDLE LEVEL

CLASS VI—VIII  
AGE: 11—14 YEARS

BOYS GIRLS



\* PROVISIONAL

## **Trends in Urbanisation**

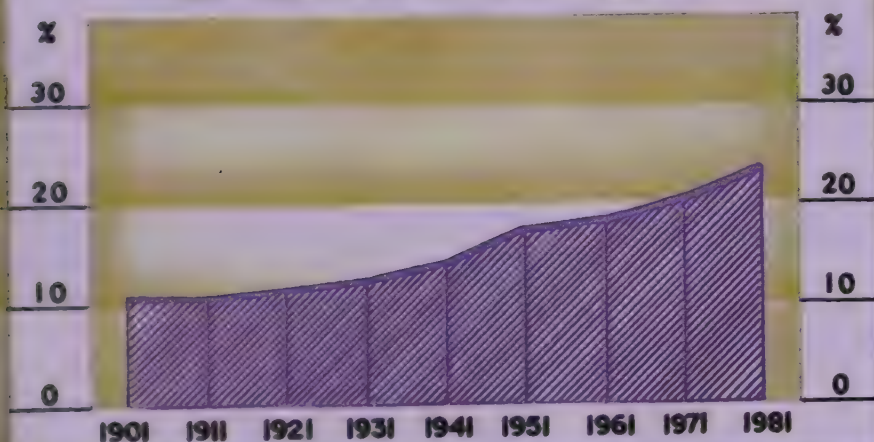
INDIA has an urban population of 159 million; even so the country is still at low scale of urbanisation with only 23% share of urban population.

Urban population has been growing at a considerably faster rate than rural population. During 1971-81 decade urban population has grown by 46.4 per cent; more than double the growth rate of rural population of less than 20 per cent. The country's development strategy aims at a balanced spatial distribution and schemes to prevent unrestricted growth of mega-cities.

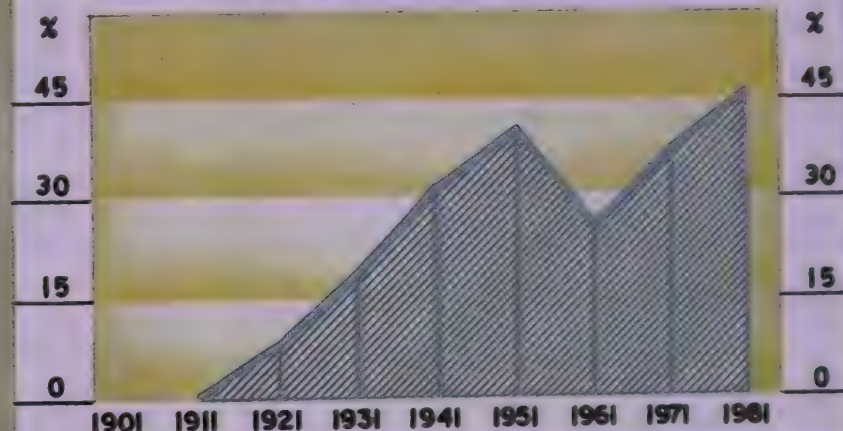


# URBANISATION AND URBAN POPULATION GROWTH (SINCE 1901)

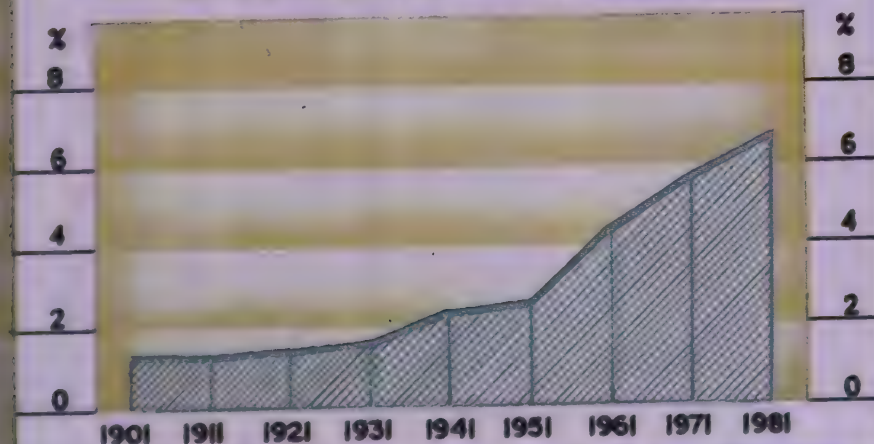
PERCENTAGE  
OF URBAN TO TOTAL POPULATION



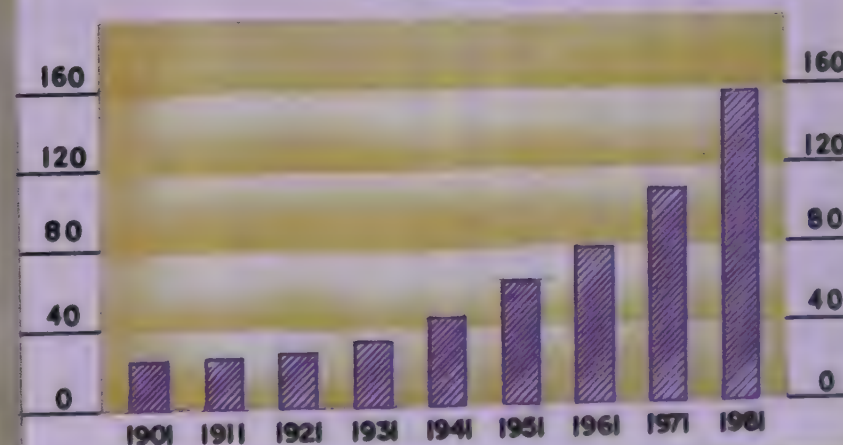
DECADAL PERCENTAGE CHANGE  
IN URBAN POPULATION



PERCENTAGE OF POPULATION  
OF LARGE\* CITIES TO TOTAL URBAN



URBAN POPULATION  
(IN MILLIONS)



\* MILLION AND OVER POPULATION

DEM-130  
988

## **Health Infrastructure**

ONE of the basic strategies of the Family Welfare Programme is to provide education and motivation through 'Extension Approach' and making services and supplies available nearest to the door-steps of the people. For this purpose the out-reach of health services has been appreciably extended from 1974 to 1982 particularly in rural areas. The number of sub-centres in rural areas has more than doubled during these 8 years. The number of hospitals has increased by about 50% and that of beds by 30%.



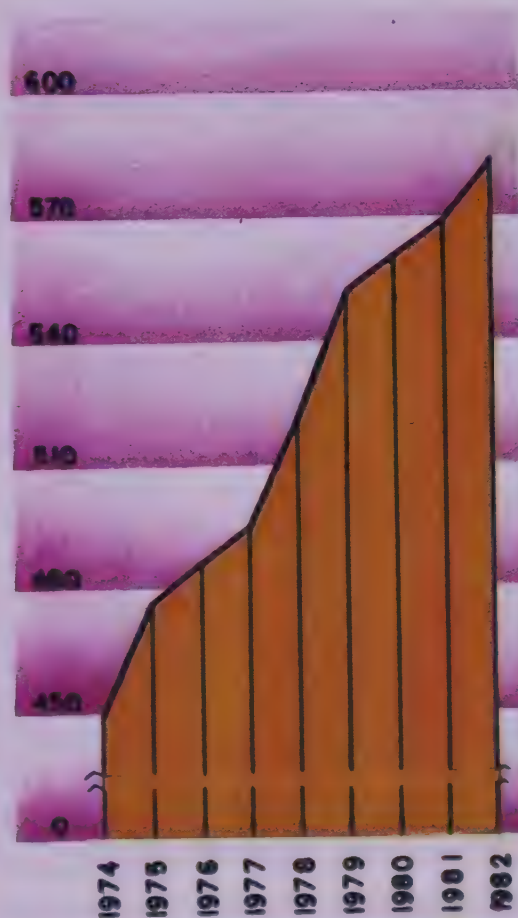
# HEALTH INFRASTRUCTURE

NUMBER OF HOSPITALS & DISPENSARIES  
(IN THOUSANDS)



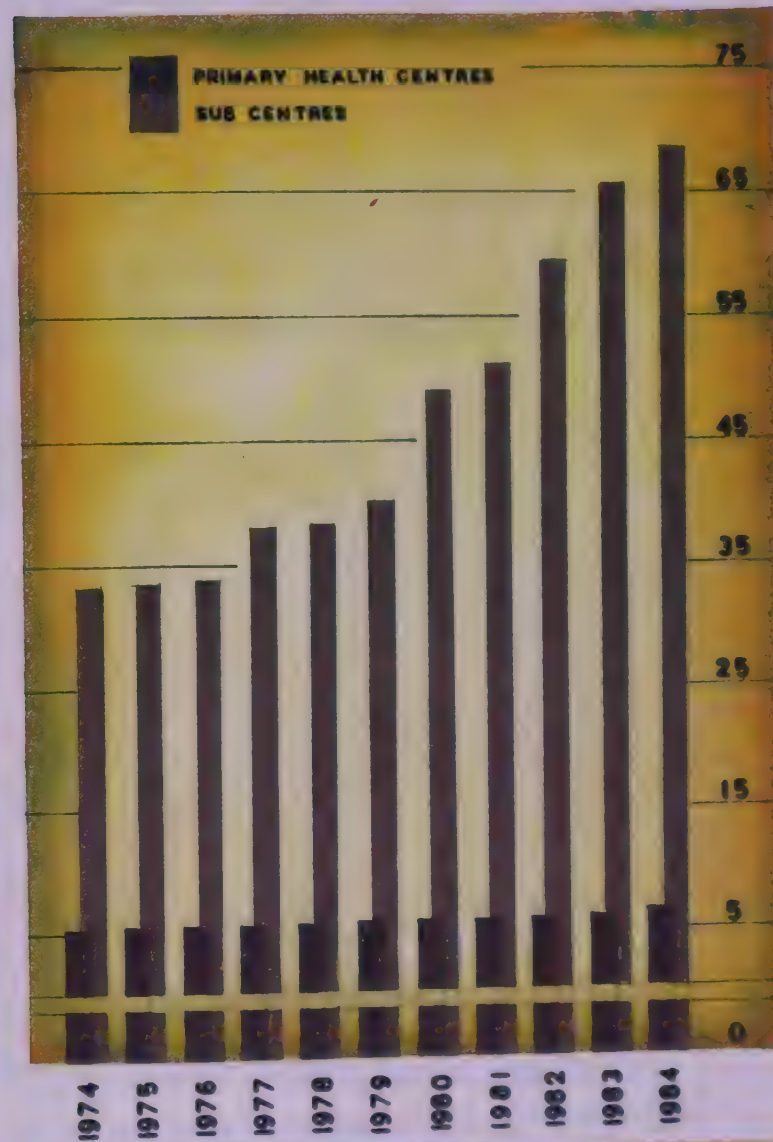
AS ON 31st DECEMBER

NUMBER OF BEDS  
(IN THOUSANDS)



AS ON 31st DECEMBER

NUMBER OF PRIMARY HEALTH CENTRES  
AND SUB CENTRES  
(IN THOUSANDS)



AS ON 31st MARCH

## **Health Man-Power**

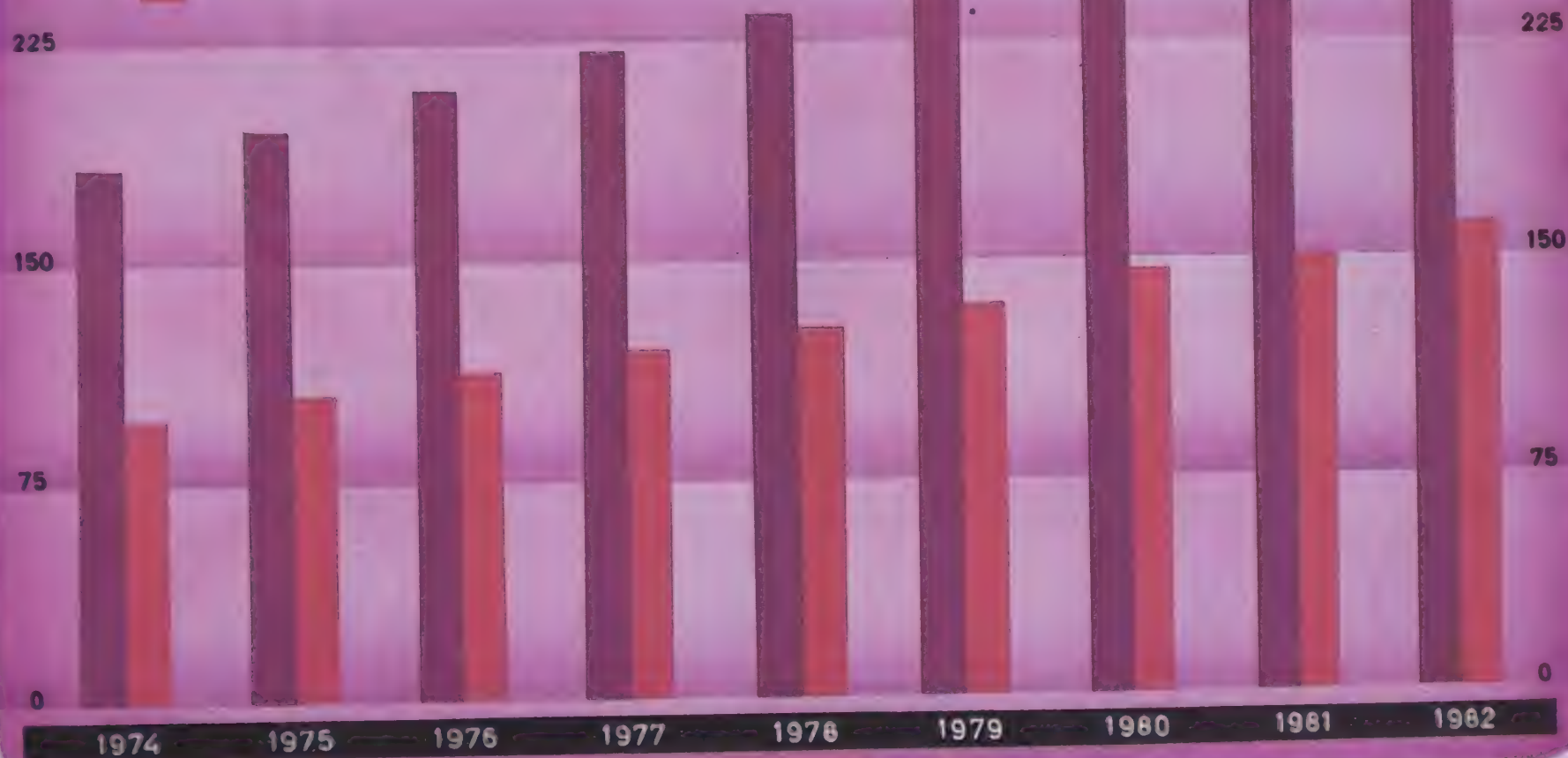
FAMILY Planning Programme in India, right from its beginning, has been implemented as an integral part of the public health programme. Its success depends, to a large measure, on the availability of trained man-power—medical and para-medical. Our planning process has taken due note of this fact and provided for larger training facilities. The number of registered medical practitioners increased by 50% and that of nurses by 66% during 8 years from 1974 to 1982.



# HEALTH MANPOWER

(IN THOUSANDS)

Regd. Medical Practitioners  
Nurses



## **Family Planning Acceptors by Method**

FAMILY Planning Programme in India follows the 'cafeteria approach'. A wide range of contraceptive options such as sterilisation, IUDs, condoms and other conventional contraceptives is offered. It is left to the couples to choose the method best suited to them. The number of couples accepting one or the other method of family planning every year has been steadily increasing and reached the peak level of 14.4 million in 1983-84. Not only has the number of acceptors been going up during the last four years, the bulk of this increase during the last 2 years is accounted for by the acceptors of IUD and conventional contraceptives which shows a distinct shift in the favour of spacing methods.



# FAMILY PLANNING ACCEPTORS BY METHOD

IN MILLIONS

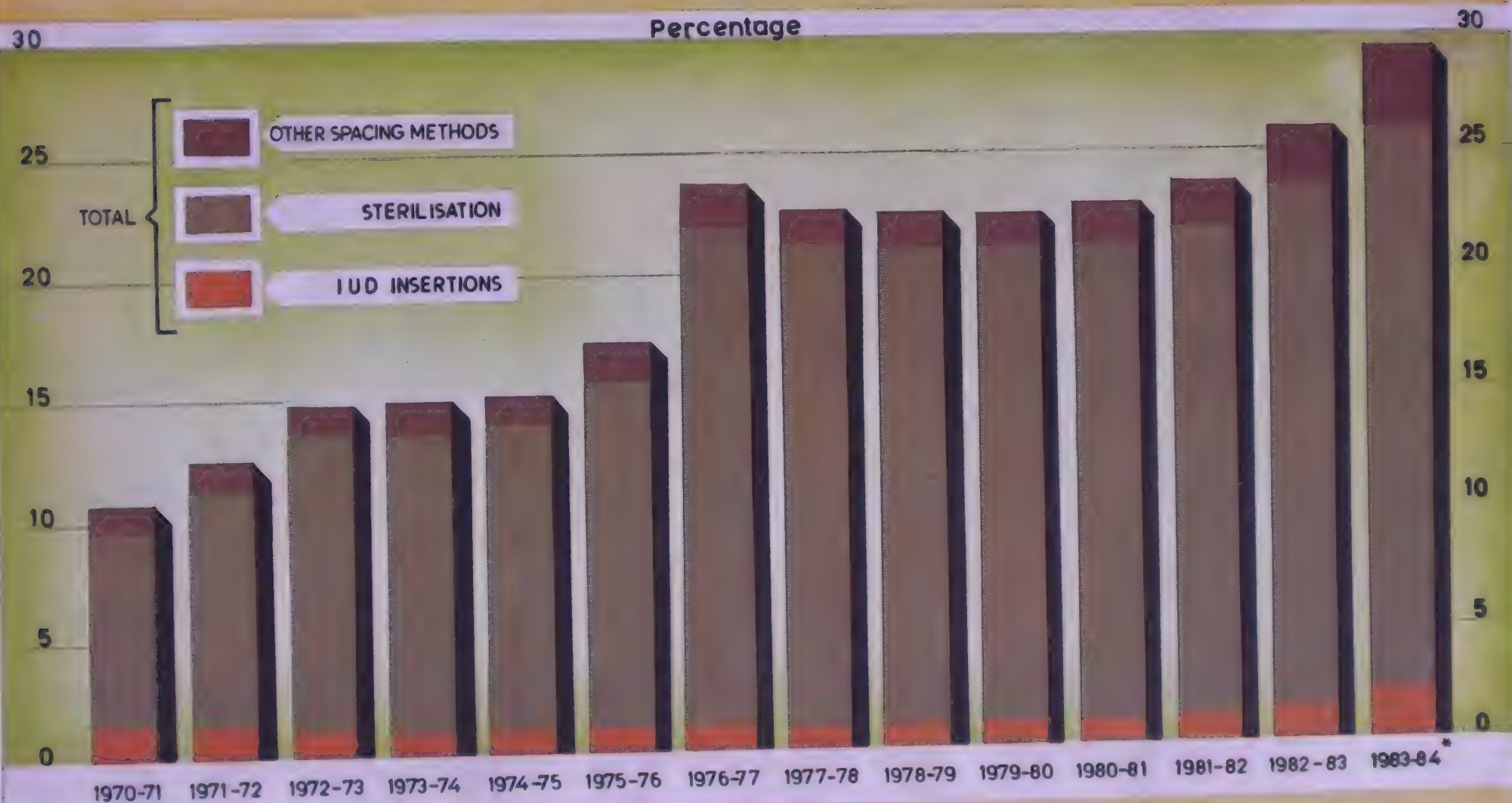


## **Percentage of Couples Protected**

INDIA's goal is to attain Net Reproduction Rate of one by the year 2000 A.D. and this is sought to be achieved by providing protection against conception to at least 60% of the eligible couples. From 1971 to 1984 the number of couples protected increased four-fold from 9.8 million to 36.2 million. With more and more couples practising some method of contraception, family planning programme is gathering momentum as peoples' programme. Couple protection rate in India increased by one per cent point in 1981-82; 2.2 per cent points in 1982-83 and 3.3 per cent points in 1983-84.



# COUPLES PROTECTED BY FAMILY PLANNING METHOD



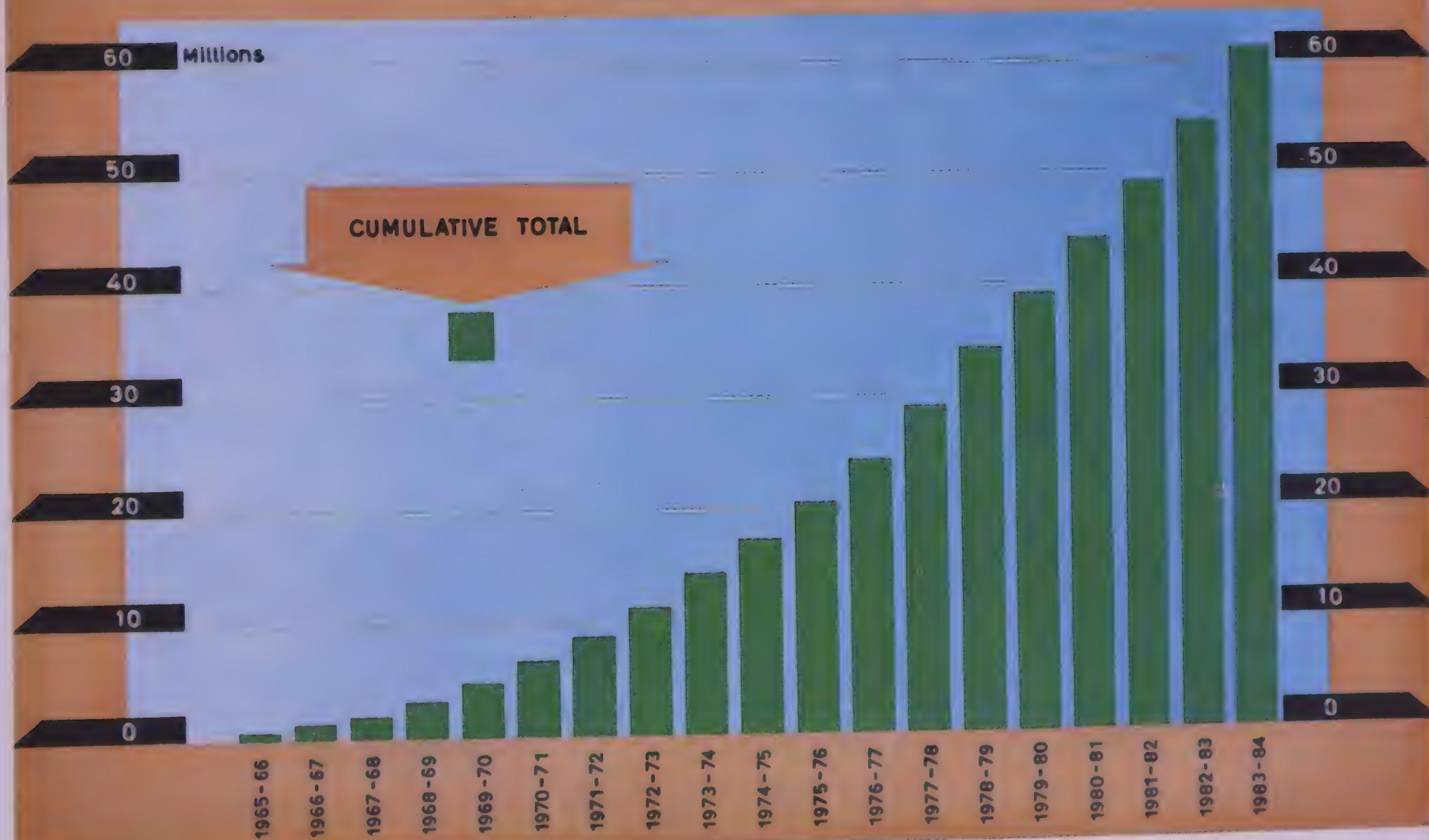
\* PROVISIONAL

## **Births Averted**

It has been estimated that from 1956 to April 1984 about 61 million births were averted as a result of the implementation of the family planning programme: roughly equal to the 1982 combined population of Egypt (44.3 million) and Peru (17.4 million) or that of Burma (34.9 million) and Columbia 27 million) put together. 37 million births were averted in 1971-81. But for the success of the family planning programme, India's population during the decade would have recorded a 3 per cent annual growth rate instead of 2.5 per cent actually recorded.



# NUMBER OF BIRTHS AVERTED



## **Percentage of Acceptors Below 30 Years**

THE period between 15-29 years of age is the period of peak reproduction for the couples in India. During the last decade, the percentage of acceptors of various family planning methods below the age of 30 years has been continuously increasing from 33.4% to 36% for vasectomy (wife's age); 33.4% to 48.5% for tubectomy and 51.7% to 68.7% in IUD.



# PERCENTAGE OF ACCEPTORS AGED BELOW 30 YEARS



1973-74



1982-83

## **Mother and Child Health Services**

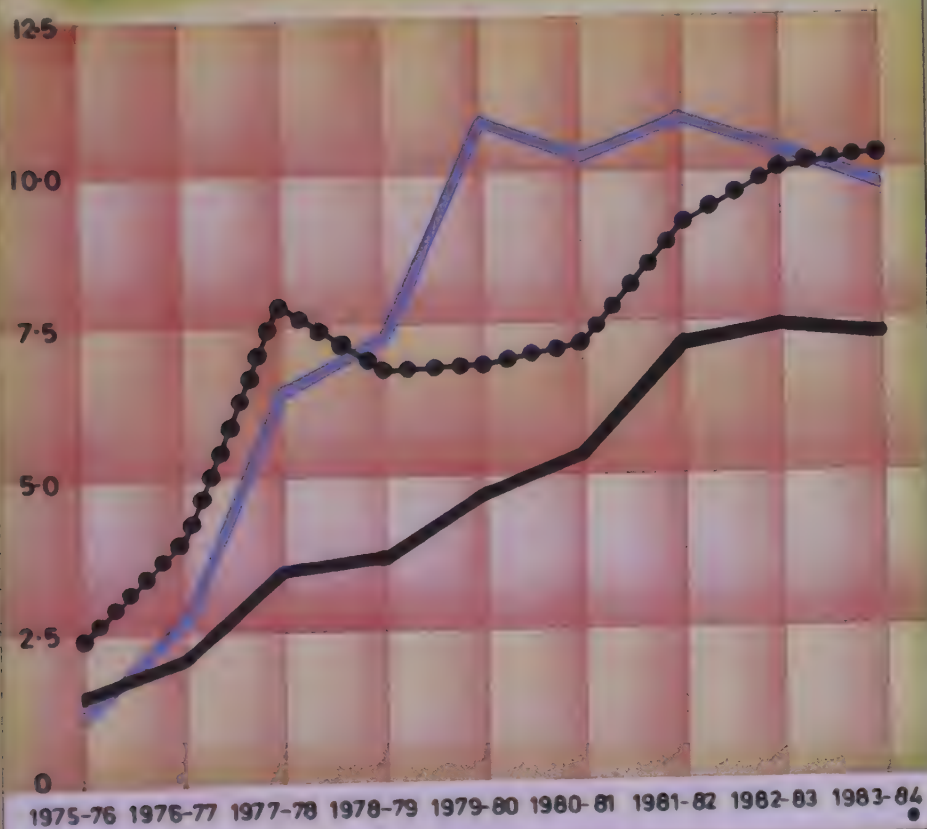
RECOGNISING the inseparable relationship between the fertility rate and infant mortality rate, mother and child health services have been integrated with and constitute a vital component of the Family Welfare Programme. It is aimed to provide universal coverage of immunisation against preventable diseases by the year 1990-91. The cover of prophylactic and immunisation services is being constantly expanded notwithstanding the enormous problems of logistics, supplies, trained manpower, etc., in such a vast country as India. Since 1975-76, the number of beneficiaries under the MCH Programme has increased rapidly. The T.T. immunisation programme now covers about 1/3 of the expectant mothers; BCG, DPT and DT immunisation covers about half of the children in the target age groups.



# MATERNAL AND CHILD HEALTH CARE

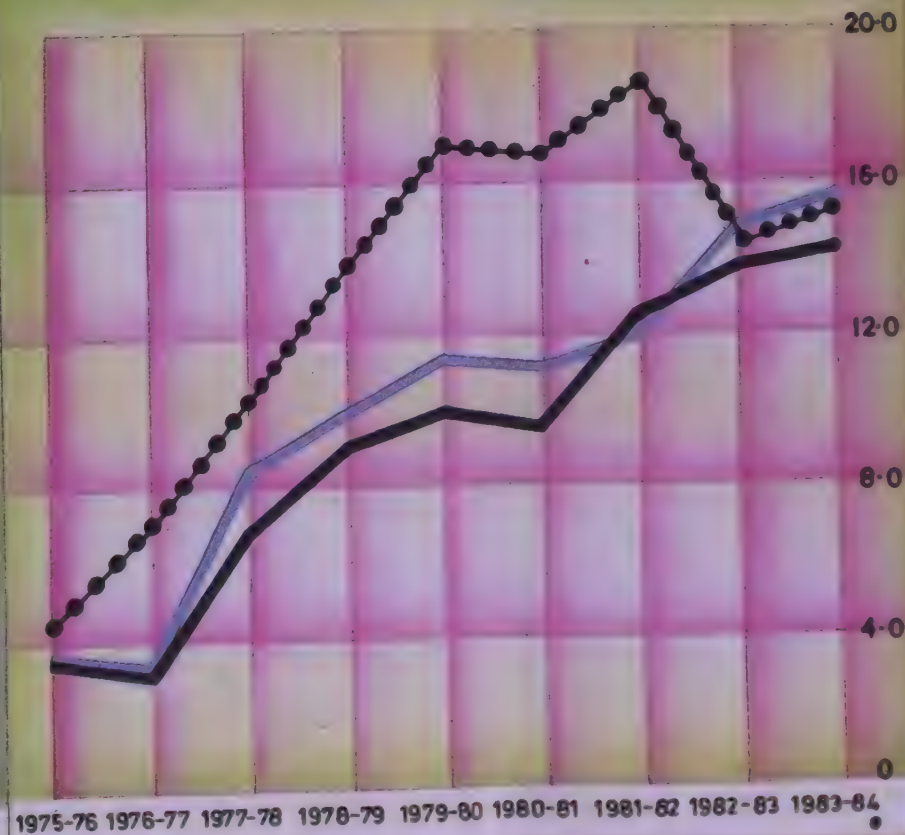
**IMMUNISATION**  
(NUMBER OF BENEFICIARIES IN MILLIONS)

TETANUS IMMUNISATION FOR EXPECTANT MOTHERS ———  
DPT IMMUNISATION FOR PRE SCHOOL CHILDREN ●●●●●  
DT IMMUNISATION FOR SCHOOL CHILDREN ———



**OTHER PROPHYLAXIS**  
(NUMBER OF BENEFICIARIES IN MILLIONS)

PROPHYLAXIS AGAINST NUTRITIONAL ANAEMIA AMONG MOTHERS ———  
PROPHYLAXIS AGAINST ANAEMIA AMONG CHILDREN ●●●●●  
PROPHYLAXIS AGAINST BLINDNESS DUE TO VIT. 'A' DEFICIENCY ———



● PROVISIONAL



## NOTES

## NOTES

Charts and graphs prepared by Central Statistical Organisation,  
Government of India, New Delhi.

23704

Designed and produced by the Mass Mailing Unit, Department of Family Welfare,  
Ministry of Health & Family Welfare, Government of India, New Delhi 110002.  
Printed at Ajanta Offset & Packagings Limited, Delhi 110052.







